CIHR—Institute of
Population & Public Health

CIHR IRSC

Feb. 2007
Issue 12

Message from the Scientific Director

In this first issue of POP News for 2007, we are delighted to introduce a new series of profiles on the National Collaborating Centres for Public Health (NCCs), an initiative funded by the Public Health Agency of Canada and actively contributed to by IPPH. There are six NCCs across the country dedicated to making research evidence on public health more relevant and understandable for individuals and organizations in their day-to-day practices and in policy making. I am particularly pleased to be involved in this exciting initiative through a part-time secondment to the program, as Senior Scientific Advisor.

To kick off the year, Denise Kouri provides us with an update on the National Collaborating Centre for Healthy Public Policy in Montreal, which she ably leads. The Centre aims to increase the expertise of Canadian public health practitioners and partners in promoting healthy public policy and has a particular focus on the public policy process, knowledge transfer, health impact assessment of public policies and risk assessment.

We are also delighted to continue our profiling of the pioneering Centres for Research Development. In this issue, John Myles talks about the exciting research underway at the Centre for Urban Health Initiatives (CUHI) at the University of Toronto, which examines how social and physical conditions in cities affect the health of the people who live there. Researchers at CUHI are working with policy makers, community partners and academics from many disciplines to make great urban health research happen, as John shows.

We also hear about the inspiring work of the Canadian Council on Learning (CCL). Charles Ungerleider is professor of "the sociology of education" at the University of British Columbia, and Irving Rootman continues to examine the link between literacy and health at the University of Victoria. They discuss the work of the CCL and that of the Health and Learning Knowledge Centre, one of five knowledge centres across the country dedicated to addressing key areas of learning in Canada that require urgent attention.

As well, we are pleased to feature an article by Laura Nimmon, a Masters student in Health Literacy Education at the University of Victoria. Laura was one of the 2006 winners of the Population and Public Health Student Awards, and talks about her fascinating research into the use of participatory photonovels designed to help immigrant and refugee women comprehend health information.

It is always nice to kick off the year with funding news, so please make sure you read about our latest funding opportunities, as well as to recognize the fall 2006 competition and recipients.

We would also like to encourage you to re-visit the IPPH website, at www.cihr-irsc.gc.ca/e/13777.html. We have recently introduced a new Student's Corner, with resources to support a new generation of population and public health researchers. We have also updated our Knowledge Translation and Partnerships sections to pro-

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file the work underway at IPPH in these key areas.

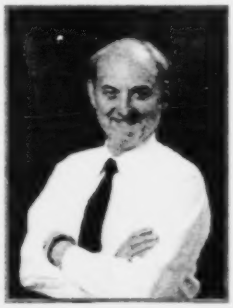
This edition of POP News also includes an important request for your timely feedback on the recently completed external review of CIHR. The final report from this review, *Year 5: International review Panel (IRP) Report, 2000-2005*, made public on CIHR's website in June 2006 (see: www.cihr-irsc.gc.ca/e/31680.html) demonstrates CIHR's commitment to transparency and accountability to all Canadians by measuring performance and reporting publicly on the value of health research. The review panel applauds CIHR accomplishments to date and includes recommendations for the organization to consider in the next stage of its evolution. These recommendations include, for example, the development, implementation and evaluation of continuing improvements to CIHR's peer review processes and committee structures, an enhanced and increasing role for the Institutes in this process, and the implementation of fewer, larger strategic initiatives rather than many smaller scale requests for applications (RFAs) (see the following link for a more detailed description of these recommendations: www.cihr-irsc.gc.ca/e/32524.html). The review panel also commends the performance of the Institutes based on their respective mid-term review evaluation reports and includes areas in which each Institute could continue to improve its processes and outcomes (see: www.cihr-irsc.gc.ca/e/31683.html). For IPPH, in collaboration with our key partners and our Institute Advisory Board (IAB), this means continuing to support the population and public health community through timely and innovative strategic initiatives, peer review improvements and processes to ensure that research results are used to inform and improve policy, practice and programs. It also means continuing to do our best to increase understanding and awareness of the role and importance of population and public health research in improving the health of populations both in Canada and globally.

I sincerely request you respond to this opportunity to send in your comments on the IRP recommendations as outlined in this newsletter. Your feedback will help ensure that CIHR receives feedback from researchers representing the full spectrum of health research and knowledge translation. CIHR welcomes your input and is poised to act on the IRP recommendations.

As always, please be in touch with any feedback about the work of the Institute. We wish you all the best for the coming year.

Warm regards,

John Frank
Scientific Director



University of Waterloo (Aug. 2006) — MPH Student Award recipients, David Siladi, Deepa Sankaran and Janelle Witzel, with Dr. John Frank (left) and Canada's Chief Public Health Officer, Dr. David Butler-Jones (right).

Within the Eyes of the People: The Photonovel as an Effective and Empowering Health Literacy Tool for ESL Speaking Immigrant Women

By **Laura Nimmon**, MA. *Language and Literacy Education*, University of Victoria. "ESL Speaking Immigrant Women's Responses to Creating and Using a Photonovel in Order to Raise Their Critical Consciousness and Understand a Specific Health Topic".

During my first year of my MA in language and literacy education at the University of Victoria, I remember being astonished by a newspaper article that discussed research findings by the Canadian Institute for Health Information. The article relayed that when immigrant women move here, their health is better than Canadian born women, but slowly deteriorates after they arrive; making them one of the most vulnerable populations in Canada. One hypothesis for their decrease in health is that language barriers prevent them from accessing Canada's health care system and mainstream health information.

After extensive research on effective or ineffective methods to inform ESL speakers about health information, I found that using photonovels (formulated like comic books, but containing photographs) was particularly appealing to me because it uses learner involvement in the development of health materials. As a result of this participatory process, the women have an opportunity to draw on their language knowledge (making content in the photonovels comprehensible to others of a similar language level). Furthermore, because photonovels are created by ESL speaking immigrant women (i.e., they create, act and photograph a health related story), materials are more culturally relevant than other traditional health materials. Finally, photonovels are also highly visual, which helps reach this audience – people who are not being accessed through other health education strategies.

For my MA thesis, I drew on my skills as a University ESL instructor and collaborated with a registered public health nurse to facilitate the women's creation of a photonovel. We worked together to assist ESL speaking immigrant women who attend the Inter-Cultural Association of Victoria to create a photonovel about a health topic of their choice (in this case the women chose nutrition). The women created a photonovel called *From Junk Food to Healthy Eating: Tanya's Journey to a Better Life*. During this process, I took photographs, made observational notes and interviewed the women about their responses to creating and using these health-related materials. Results suggest that the process of creating the photonovel was a learning experience, helped shift the women's consciousness about nutrition and built community through its enjoyable and participatory nature.

This project has brought a tremendous amount of light and purpose into my life. I was thus very honoured to have my work awarded a *Population and Public Health Student Award* (CPHA 2006). There is little research that examines effective ways to deliver health literacy information to immigrant women; so, to give exposure to a group of overlooked women, through the publicity of this award, is very important to me.

The person that I would like to thank the most is my supervisor Dr. Deborah Begoray who works within the area of health and literacy at the University of Victoria. I was very blessed with a highly competent, intelligent and caring supervisor who has gently encouraged me to move forward and aim high in my abilities and successes. I also had the privilege to connect with some accomplished scholars within the area of health literacy by working for a period of time as a research assistant on a health literacy research project led by Dr. Begoray and my external examiner Dr. Irv Rootman, also from the University of Victoria.

In the future, I would like to pursue doctoral studies within the area of health literacy education. I am devoted to focusing my research efforts on improving the health status of marginalized women. I am interested in examining how social support can affect the health literacy of immigrant ESL speaking women and I would like to engage in more participatory projects with Canadian women. Eventually, my long-term goal is to work in HIV/AIDS education in countries like Africa and India where there is an urgency for health education strategies that will reach illiterate, oppressed groups of women. I am just at the beginning of my career and am excited by the possibilities.

This project was facilitated by me, the researcher, but its success is because it was done by the people; within the eyes of the people. As Paulo Freire put it (1995):

> "I have, as an educator, the right to think and dream about a world that is less oppressive and more humane toward the oppressed, just as the poet has the right to write and dream about a utopian world."

I have dared to dream; and will continue to do so...

For any questions or comments about my research or to book a photonovel workshop, email me at: laura@photonovel.ca . To view a photonovel I have facilitated, go to my website at: www.photonovel.ca .

The Canadian Council on Learning: Mandate, Research, and Use of Evidence in Health and Learning

By **Charles Ungerleider,** Director of Research and Knowledge Mobilization for the Canadian Council on Learning, and **Irving Rootman,** Scientific Advisor in the Health and Learning Knowledge Centre at the University of Victoria.

The Establishment of the Canadian Council on Learning

The Canadian Council on Learning (CCL) is an independent, not-for-profit organization funded through an agreement with Human Resources and Skills Development Canada in March 2004. Its mandate is to promote knowledge and information exchange to inform decisions about learning across the life-course; inform Canadians regularly of Canada's progress in learning; and, address gaps in knowledge of learning, through research.

Organization

CCL carries out its work through four operational units (Monitoring and Reporting; Research and Knowledge Mobilization; Knowledge Exchange; and Strategic Initiatives), two support units (Communications and Outreach and Finance and Administration) and through five Knowledge Centres (Adult Learning; Early Childhood Learning; Work and Learning; Aboriginal Learning; and Health and Learning). Each centre is pan-Canadian in its mandate and membership, but is administered in different regions of the country. For example, the Health and Learning Knowledge Centre, responsible for building a national network of expertise in health and learning and for advising CCL on research priorities, monitoring and reporting and knowledge exchange across Canada, is located in the British Columbia-Yukon region. Each knowledge centre is composed of a consortium of organizations, with one member designated as the lead. In the case of the Health and Learning Knowledge Centre, the lead organization for the seventeen-member consortium is the Faculty of Education at the University of Victoria.

Illustrative Research and Evidence Use Activities

The operational units that administer the bulk of the CCL funds have undertaken a number of activities related to research and evidence use. They include:

The Composite Learning Index (CLI): In May 2006, CCL developed the Composite Learning Index (CLI). Cognizant that learning takes a variety of forms and consists of more than formal education, CCL identified 15 indicators representing the four dimensions of learning identified by Jacques Delors (learning to know; learning to do; learning to be; and learning to live together). The index was developed using multi-stage statistical weighting that follows the structure of the four pillars and is based on the relationship between the indicators and outcomes such as adult literacy, civic engagement, employment, income, and health status. The CLI data are refreshed yearly, providing an opportunity to appraise change over time in the learning conditions favourable to Canada's economic and social well-being.

Survey of Canadian Attitudes Toward Learning (SCAL): CCL conducts an annual survey of more than 5,000 Canadians to assess their attitudes toward various dimensions of learning, including health and learning.

Lessons in Learning: CCL produces a bi-weekly series of electronic publications presenting data, evidence, and conclusions across a broad range of learning issues. Each article addresses a specific learning issue by answering the questions: What is the issue? Why is the issue important? What can we do to address the issue?

Question Scans and Reviews of Evidence: CCL uses question scans, an exploratory tool that gauges the volume of literature in a field and summarizes the predominant observations contained in the body of literature. The purpose of question scans is to determine the feasibility of conducting a further, more comprehensive, systematic review of the literature devoted to a given question. CCL also undertakes systematic analyses of the literature devoted to a particular topic.

Researcher in Residence: CCL's Researcher in Residence program provides co-funding to support a 'researcher in residence' at various learning-related organizations across the country. The program is designed to encourage new research initiatives and increase Canada's capacity to conduct important research on learning.

CCL Suite of Tools to Support Learning: CCL is developing a suite of tools to support learning that will be available on CCL's website in 2007. The suite consists of an assessment tool, a self-assessment tool, and a tool to collect data from students about their experiences as learners.

Research Funding: CCL also issues periodic requests for research applications based on recommendations from the five Knowledge Centres. The following were the research priorities identified in the first Request for Applications on Health and Learning:

- Explorations and/or interventions addressing the determinants of health and learning over the life-course
- Studies addressing lifelong and life-wide learning systems and/or contexts that affect health across the lifespan
- Studies addressing effective interventions for improving the health and learning of vulnerable Canadians
- Studies addressing innovative approaches to improving or measuring health literacy
- Studies addressing the role and/or effects of technology on health and learning

As can be seen, almost all of these priorities emphasize interventions and therefore are consistent with the current efforts of CIHR-IPPH and other organizations to stimulate intervention research in population health in Canada.

Thus, there is a clear opportunity for collaboration in intervention research between CCL and the health research funding agencies. For more information about CCL and the above-noted initiatives, please see www.ccl-cca.ca .

The National Collaborating Centre for Healthy Public Policy

Denise Kouri is Lead of the National Collaborating Centre for Healthy Public Policy (NCC-HPP). Originally from Saskatchewan, Denise joined the NCC-HPP team in April, 2006. She is a policy analyst, evaluation consultant and adult educator. She has an interdisciplinary background, with a Bachelor of Science degree in Mathematics and a Master of Arts in Sociology and Social Studies.

Our Centre

The National Collaborating Centre for Healthy Public Policy (NCC-HPP) is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and focusing on a different topic in public health. They provide national focal points for knowledge exchange in key areas of public health. The Institute of Population and Public Health has made a significant contribution to this network, and John Frank is the Chair of the Advisory Council to the Public Health Agency for this programme.

In NCC-HPP, our goal is to support the efforts of the Canadian public health community in promoting healthy public policy through more informed strategies. Like the other NCCs, we want to increase the use of research knowledge.

Our focus is public policy with a potential impact on social, economic and environmental determinants of health. Examples include transportation, food policy, housing, and poverty. We explicitly exclude policies on health care services, such as Medicare or waiting lists. Focusing on healthy public policy is not a new idea -- it is one of the five action areas in the Ottawa Charter for Health Promotion of 1986, for example. Nevertheless, a centre focused on healthy public policy is an innovative initiative in Canada.

The Quebec Context

It is not a coincidence that the NCC-HPP is located in Quebec, at the Institut national de santé publique du Québec. Québec is a recognized leader in Canada in public health. Its approach, which integrates population and public health, permits a wider range of strategies and interventions. Public health capacity is also greater in Quebec. The public health network is integrated into the regional structures, and supported by a strong core of professionals and researchers in the INSPQ.

Significant for our Centre is a recently adopted article in Quebec's public health law. Article 54 (2002) mandates assessments of public policies in all ministries to identify their potential impact on health. The health ministry is responsible for receiving the assessments and other ministries are charged with reporting to the health ministry. This law, unique in Canada, provides an important platform for advancing healthy public policy.

Although not commonly used in Canada outside of Quebec, health impact assessment (HIA) is used in several European countries. One of NCC-HPP's projects is to study HIA as a policy instrument and to make the knowledge accessible to the Canadian public health community. In our view, the value of HIA is not so much in any one specific approach or tool, but in its framework of bringing research information on health risks into focus around specific policy proposals.

Content Areas

NCC-HPP has three main content areas. (1) One is healthy public policy itself, and what is known about the potential health impact of specific public policies, in particular those relevant to Canadians. This means synthesizing studies of health risks and other impacts of the determinants of health. (2) However, because promoting healthy public policy cannot be achieved through information alone, an equally important content area for NCC-HPP is the study of public policy. The public health community has expressed a need to understand public policy processes in a more substantive way. Although not part of the public health literature, the study of public policy has its own rich tradition. For the NCC-HPP, the challenge is to link public policy knowledge with public health knowledge. (3) This speaks to a third content area for NCC-HPP, which is methodologies for knowledge synthesis and exchange that are appropriate to the field of healthy public policy.

Target Clientele

The target clientele of the NCC-HPP includes public health officers, population health planners and others in the health system at various levels who are concerned with healthy public policy. It also includes members of non-governmental organizations, think tanks and community groups whose concern with healthy public policy makes them partners in this effort.

Responsiveness to the User Community

Because NCC-HPP was initiated and is housed in Quebec, it remains responsive to Quebec needs in healthy public policy. In the INSPQ, we participate in an expert group on healthy public policy. NCC-HPP is also responsive to the Canadian context. In order to develop partnerships in other parts of the country and to learn the context, NCC-HPP held meetings with researchers and users throughout 2006. Most recently, we held two user meetings in the fall – in Western Canada and the Atlantic. Participants were public and population health actors at provincial, regional and local levels. These users confirmed the value of research information to guide public policy interventions.

NCC-HPP... Continued on page 6

Emphasis on Public Policy Processes and Tools
However, users put emphasis on the importance of tools, frameworks and processes. They asked for tools and training about public policy processes, wanting to know more about facilitators and barriers to policy adoption. They agreed that health impact assessment tools are important, and asked for policy evaluation, in particular wanting to build the "business case" for healthy public policy. They asked for more on intersectoral and "whole government" approaches, as well as on community approaches. They noted the importance of including multiple levels of authority in the work, such as municipal and local as well as provincial jurisdictions. Related to this, they identified regionalization both as an area of study and as one for potential collaboration, i.e. with regional health authorities. They noted the need to develop leadership for healthy public policy.

Users at these meetings wanted more sharing of information about what others are doing throughout the country and internationally. They asked for an inventory of interventions as well as case studies and illustrative stories.

As for the specific subjects on which they would like to have additional research information, the great majority prioritized health disparities and social inequities. Other specific subjects included housing, transportation, obesity, food, education, early childhood interventions and youth at risk. But it was noted that the prioritization of such latter subjects can change over time and that it would be better to help users be equipped as a community, in order to meet future needs in an appropriate and proactive way.

NCC-HPP will continue to interact with the user community. Events and collaborative projects are being developed for 2007. One of the first is a user meeting in Ontario in early 2007.

Knowledge Syntheses and Transfer Activities
Currently NCC-HPP activities include both knowledge synthesis and transfer activities. We are building an inventory of HIA tools, and preparing tools for potential use in the Canadian context. Related to HIA is our review of Quebec efforts around Article 54, as described above. We are also preparing a review of British Columbia's efforts around ACTNOW, an intersectoral strategy for the prevention of chronic disease. The Quebec and BC initiatives are both examples of *whole government* approaches and our documents will elaborate on this emerging strategy. Our work in this area includes examining the contribution of community organizations in healthy public policy.

Another activity intended to increase knowledge about public policy processes is building illustrative stories about Canadian public policy developments. Our first "story", about the tobacco struggle, uses the already prolific literature on this topic to highlight the role of information and its use by different actors throughout the decades, in the process of forming public policy.

NCC-HPP has a pilot project on obesity intended to complement the extensive research efforts on this topic. We designed a research protocol to test appropriate methods for knowledge synthesis, including reviews of scientific and other literature, as well as expert opinion and deliberative methods.

Methodologies for knowledge synthesis and exchange appropriate to the field of healthy public policy are an important consideration for NCC-HPP. We know that important attributes of knowledge transfer, in addition to better, more user-friendly, presentation of information, are an emphasis on context, pertinence, and use, with interactive methods. However, in our view, the knowledge synthesis community should also promote acceptance of a broader approach to "science." We know that public policy interventions often cannot be evaluated by controlled experimental methods. An approach to science as *systematic study* will allow additional sources of knowledge to be considered. However, we also know that some methods are more systematic than others. NCC-HPP will add to efforts in the knowledge synthesis community to incorporate methods to optimize both the relevance and trustworthiness of information.

The Research Community
NCC-HPP collaborations with researchers are very important to our efforts. We are collaborating with researchers at Quebec universities, and are initiating other collaborations across Canada. We are interested in working with researchers in universities, governments, and organizations such as think tanks or community groups.

The Advisory Board
Certainly the NCC-HPP's Advisory Board provides us with a rich source of contacts and potential collaborations. The Board's president is Jean Rochon, a noted expert in Québec in both public health and public policy. The Board includes members from Quebec, Ontario, British Columbia and the UK.

If you are interested in our work, please contact me at Denise.Kouri@inspq.qc.ca.

"OUR CHALLENGE IS TO BRING TOGETHER PUBLIC HEALTH KNOWLEDGE WITH PUBLIC POLICY KNOWLEDGE, IN ORDER TO AFFECT THE DETERMINANTS OF HEALTH."

Jean Rochon,
President of the NCC-HPP
Advisory Board

NATIONAL COLLABORATING CENTRE

Healthy Public Policy

Centre for Urban Health Initiatives (CUHI), University of Toronto

John Myles is Principal Director of the Centre for Urban Health Initiatives. He also holds a Canada Research Chair in Social and Ethical Context of Health, and is a Professor in the Department of Sociology at the University of Toronto.

The Centre for Urban Health Initiatives (CUHI) is a Canadian urban health research centre located at the University of Toronto. CUHI seeks to improve research capacity and knowledge exchange that builds understanding of the impacts of local physical and social environments on the health of urban residents. Through our research and partnership building, we learn more about the social and physical determinants of health in cities, build relationships with local communities, develop community-based research, and inform public policy.

CUHI's goals are to support scholarship in relevant and emerging areas of health; to improve collaboration among disciplines and sectors; to provide training and mentoring for research in urban-health relationships; to build capacity for community collaboration; and to develop and implement innovative approaches for knowledge exchange.

CUHI is governed by a Board of Directors made up of academic, policy and community representatives who meet two to three times a year. Centre operations are managed by the Director of Research (Jennifer Butters and more recently Brenda Ross) and an Operations Committee made up of Principal Investigators and Research Interest Group leads.

Our stakeholder groups include a diverse range of members working, researching and committed to improving urban health. Our over 300 members include academic and community researchers, community service providers, policy makers and health practitioners. We currently have 58 research associates who either conduct CUHI supported research and/or contribute to the operation of the centre (e.g., the Advisory Board and the Research Advisory Committee). Primary affiliations of these research associates include eight Universities across Canada, the majority being Toronto-based Universities, and 39 policy and community partners (e.g., Food Share, Toronto Public Health, Montreal Public Health, Wellesley Institute and the Toronto and Region Conservation Authority)

CUHI uses Research Interest Groups (RIG) and seed grants as the main approach to scholarship and capacity building. A RIG is composed of researchers, practitioners, policy-makers and community members who share an interest in an urban issue, with the objective of stimulating development of research ideas and programs of research. The RIGs are sustained by the provision of release time for the leads, by administrative support by two centre staff and by core funding for student training, knowledge exchange and interaction events.

Currently there are three Research Interest Groups:

1) Food and Health RIG: This research interest group led by Sarah Wakefield and more recently by Fiona Yeudall focuses on how food policy and programs shape the health of urban residents. Topics of interest include community gardening, urban food security, environmental contamination, pesticide use, social mobilization in the area of food and the relationship between food systems and urban sustainability.

2) Neighbourhoods and Health RIG: This research interest group, led by James R. Dunn, is interested in the role neighbourhoods have in influencing the health of individuals and communities. Topics of interest include testing methods for studying neighbourhoods and understanding pathways by which the dynamics of social, economic, service and built environments or urban neighbourhoods shape health status across the life course.

3) Physical Environments and Health RIG: This research interest group, led by Miriam Diamond, focuses on the quality of the urban physical environment and its impact on health. Topics of interests include the health effects of physical stressors affecting the environment such as climate change, indoor and outdoor air quality, water quality, transportation, resource use and urban planning.

CUHI offers seed grant funding to assist research projects in the development phase with preparing and submitting external grant proposals Seed grants fund innovative pilot projects, neighbourhood level action strategies, and partnership building for community based research in CUHI's research areas of interest. Nine seed grants were awarded in 2004 to 2005. Seven proposal submissions for external funding have resulted from these seed grant projects, with four of them receiving funding. Other outcomes include community reports, a press release and community workshops for the purpose of knowledge exchange. Our most recent RIG seed grant competition attracted 72 inquiries and 40 proposals (14 Food, 7 Physical Environments, 18 Neighbourhood proposals and 1 other). All seed grant proposals must have demonstrated partnerships between academic and community or policy partners. Ten new seed grant awards are currently being awarded to a total of 22 investigators and 26 community or policy partners.

CUHI trains and mentors undergraduate and graduate students, as well as funds one post-doctoral fellowship. We offer paid research opportunities to support the training of graduate students within each RIG. The CUHI and its partners provide research training opportunities to undergraduate students in programs of health studies, public health sciences and geography. In addition, CUHI funds one community intern position each year to provide a community member the opportunity to learn skills in urban health research through involvement in CUHI's research projects.

CUHI uses innovative mechanisms for knowledge exchange and outreach, including monthly "Spotlight on Urban Health Forums", an annual policy forum, our "Food for Talk" monthly series, weekly listserv postings and newsletters. Press releases and briefs are used for policy relevant reports; and for local community audiences, workshops and community-tailored reports are made available. Urban Health Forum webcasts are prepared for members located outside of Toronto.

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CIHR IRSC

Current Funding Opportunities

Public Health Professional Master's Awards Program: CIHR - Institute of Population and Public Health and the Public Health Agency of Canada (PHAC)

Jointly issued by the CIHR-Institute of Population and Public Health (IPPH) and the PHAC-Office of Public Health Practice (OPHP), the purpose of this awards program is to strengthen public health capacity in Canada, by supporting the current and next generation of public health policy makers and practitioners. The program will thus build capacity for effective knowledge translation and use of research evidence by the public health system.

The Public Health Professional Master's Awards program will be administered by CIHR and will provide a number of Master's awards based on recommendations made by Canadian institutions offering a public health professional Master's degree program. By "public health professional Master's degree program" we mean primarily course-oriented programs that include a practicum and are intended to prepare graduates for the practice of public health. Universities that do not currently participate in this program and wish to request voucher allocation should have a representative from the office of the Faculty of Graduate Studies contact CIHR for information on the process for doing so.

Built Environment, Obesity and Health

The primary objective of this strategic initiative is to support policy-relevant collaborative projects that advance knowledge and its translation on how the built environment (defined as the outcome of community planning, design and implementation)-in the context of contributing to obesity- is influenced by, and/or impacts on, the following factors:

- obesity and well-being
- policies and standards for community planning, design and implementation
- physical activity levels and/or nutrition
- social, economic, and policy environment
- socioeconomic status, gender, ethnicity and age
- individual choices and behavior

letter of intent deadline is March 1, 2007
(www.cihr.ca/e/32850.html)

Contined on page 9....

Continued from page 8....

Current Funding Opportunities... continued

Intervention Research — Healthy Living and Chronic Disease Prevention

The purpose of this Request for Applications is to support prompt initiation of intervention and evaluation research on programs, events, and/or policy changes that have been initiated by others and have the potential to impact healthy living and chronic disease prevention among Canadians at the population level. Researchers are encouraged to collaborate with community, non-profit, private, and/or public partners, where appropriate, to maximize knowledge exchange and learning for all parties.

Letters of Intent (LOI) and invited full applications will be accepted on a rolling basis until available funding has been depleted. Applicants who have submitted successful LOIs will receive invitations to submit full applications within 2-3 weeks of LOI receipt. Full applications must be submitted within 3 months of the LOI decision. Full applications received after this time will be re-evaluated for continued relevance to this program prior to being peer reviewed. Notification of decision is within 3-4 months of receipt of full application. Earliest start date is within 1 month of notification of decision. This funding opportunity announcement will expire on December 15, 2007. INMD is planning to re-launch this RFA on December 15, 2007 and December 15, 2008 funds permitting.

(www.cihr.ca/e/32835.html)

Designing for Dissemination

If your research is leading to tested interventions with some dissemination potential, please see the trans-NIH Program Announcements funding dissemination and implementation research, listed on the right hand side of Designing for Dissemination website (//cancercontrol.cancer.gov/d4d/), under the column entitled "What's New." The three announcements are open to investigators from other countries, have different durations and levels of funding, and can serve as an important research funding tool to study how best to disseminate and implement evidence-based interventions (including public policy) into public health, primary care and disease specialty-care settings. On a relate note, interested researchers may wish to attend a workshop being held on March 26th in Rockville. Due to limited space the first 100 registrants will be accepted. To register, please visit www.scgcorp.com/dissem2007/index.asp .

CIHR Funding Opportunities

For more information on the above and other funding opportunities, please visit the CIHR website funding page.

www.cihr-irsc.gc.ca/e/779.html